

A late diagnosis in Virginia is defined as an individual whose HIV disease has already progressed to AIDS at the time of diagnosis or someone whose AIDS diagnosis was within 12 months of their initial diagnosis.

Late diagnosis is associated with a number of negative consequences for the individual and the broader public. Those diagnosed late are at an increased risk for HIV-related morbidity and mortality, are more likely to have poorer response to highly active antiretroviral therapy (HAART), and will incur higher medical costs. From a public health perspective, a late diagnosis increases the risk of onward HIV transmission because the individual is unaware of their HIV status and unable to reduce risk behaviors or initiate HAART to lower their plasma viral load (Girardi, 2007).

According to the CDC, approximately one-fourth of HIV-infected individuals in the US are unaware of their HIV status. Many are tested late, usually as a result of illness, which translates into missed opportunities for HIV prevention and treatment. Among persons interviewed in 2000-2003, those who had a late diagnosis (received AIDS diagnosis ≤ 1 year of HIV diagnosis) were more likely to be younger and to be Black or Hispanic (CDC, 2003).

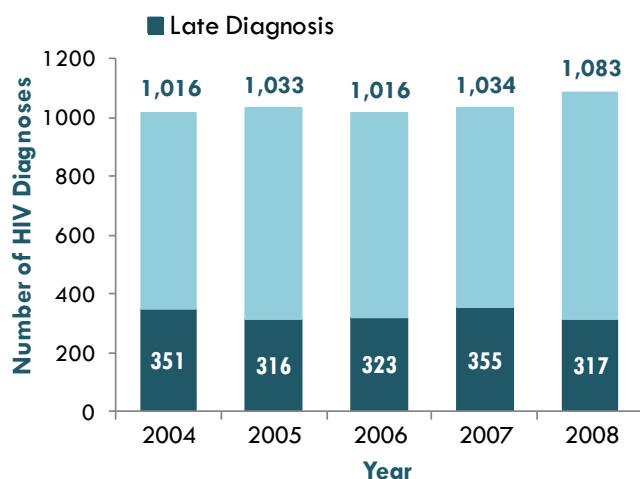
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From 2004-2008, there were 5,182 total HIV disease diagnoses in Virginia, and of those 1,662 (32%) were diagnosed late. Seventy-five percent of the late diagnoses were among men, who were three times more likely to be diagnosed late than women in this five year period. By race/ethnicity, Blacks accounted for around 57% of the total late diagnoses while Whites represented 26% and Hispanics 13%. Blacks were seven times and Hispanics almost five times more likely to be diagnosed late than their White counterparts.

Unlike the CDC report, Virginia's late diagnoses tend to be among older persons. The rate of late diagnosis among persons aged 30-49 at the time of diagnosis was approximately 43 per 100,000. This was nearly seven times higher than the rate among those diagnosed between the ages of 15 and 19, and almost twice the rate of those aged 20-29.

More than 80% of persons who received late HIV diagnoses in 2004-2008 resided in the Central, Eastern, and Northern regions at their time of diagnosis. Rural residents* accounted for 18% of the late diagnoses, larger than the 15% of the total HIV disease diagnoses they represented during this time period. The rate of those living in urban areas getting late diagnoses was 26 per 100,000, more than twice that of those living in rural Virginia (11 per 100,000 population).

Late Diagnoses versus Total HIV Disease Diagnoses in Virginia, 2004-2008



REFERENCES

Centers for Disease Control and Prevention. (2003). Late vs. early testing of HIV—16 sites, United States, 2000-2003. *MMWR Morb Mortal Wkly Rep*. 52(25): 581-586.

Girardi E. *et al.* (2007) Late diagnosis of HIV infection: epidemiological features, consequences and strategies to encourage earlier testing. *J Acquir Immune Defic Syndr*. 46 (S1):S3-S8.

*Rural Virginia includes "Rural" and "Mixed Rural" areas as defined by the Isserman rural definition. Visit the "Rural Communities" section of the Epidemiology Profile for more information.